

Locality/FIPS _____ Case # _____ Date Application Received _____ Worker # _____

COOLING ASSISTANCE APPLICATION*accepted from June 15 through August 15*PLEASE ANSWER ALL QUESTIONS COMPLETELY**In what city or county do you live?** _____**PART I**Name _____ SEX: **M** **F** Are you Hispanic or Latino? **YES** **NO**

Last

First

Middle Initial

Race (**Circle One**) **1.** White **2.** Black or African American **3.** American Indian or Alaskan Native **4.** Asian **5.** Native Hawaiian or other Pacific Islander **0.** Other

Service Address _____ City/State _____ Zip _____ Day Phone: _____

Mailing Address _____ City/State _____ Zip _____ Home Phone: _____

Directions to home _____ Email Address _____

PART II**1. What is your cooling need? (Check all that apply)**

 A. Pick up portable fan **B.** Purchase/install window air conditioner **C.** Repair central air conditioner or heat pump **D.** Payment of electric deposit

 E. Purchase/install ceiling, attic or whole house fan **F.** Repair ceiling, attic or whole house fan **G.** Payment of electric bill **H.** Self-pick-up/install window air conditioner

2. Circle the letter that best describes your present living situation. Read each one before you choose. Circle only one.

- A.** I own or am buying my home and **pay all cooling bills.** **G.** I live in Section 8 housing, HUD, subsidized housing, & **regularly pay some or all of my cooling bills.**
- B.** I own or rent my home and do not pay a cooling bill. **I.** I live in one room in someone else's house.
- C.** I pay rent and also **pay for cooling separately.** **L.** I live in an institution, group home, treatment center or home for adults.
- E.** I pay rent & my cooling is **included in the rent payment.** **P.** I live rent-free in more than one room, house or apartment and pay for heat/cooling.
- F.** I live in subsidized housing Section 8, HUD, Public Housing, and **occasionally pay excess usage charges.** **Q.** I live in an emergency shelter. I have arranged to move into a house, apartment or more than one room.

3. Are all people in your household United States citizens? **YES** **NO** If no, who? _____**4.** Is anyone in your household disabled? **YES** **NO** If yes, who? _____**5. How many people live in your household? #** **List yourself first and every person living in the home.** **Complete information for each person**

NAME	RELATION TO PERSON ON LINE #1	SOCIAL SECURITY#	DATE OF BIRTH	WORKING		INCOME AMOUNT	INCOME PAID weekly, biweekly, semi-monthly monthly	LIST ALL SOURCES OF INCOME Employer for earned income, Self-employed, Social Security, SSI, VA benefit, Child Support, etc.
				Y	N			
	Self							

6. Circle ALL types of household income: A. TANF B. Social Security C. SSI D. Unemployment E. Employment or Self-employed G. General Relief
H. VA Benefits N. Worker's Compensation Q. Support or Alimony U. Rental Income W. Retirement Other: specify _____

7. Do you receive a check from the Division of Child Support Enforcement? ____YES ____NO How much? _____ Who pays the child support? _____

8. Did you or any household member receive Fuel, Crisis or Cooling Assistance in the past 12 months? ____YES ____NO If yes, case name _____

9. Does any household member receive Food Stamps? ____YES ____NO If yes, case name _____

10. Does anyone pay for Medicare, Part B insurance? ____YES ____NO If yes, who? _____ How much? \$ _____

11. Does any household member receive Medicaid? ____YES ____NO If yes, case name _____

12. Is Medicaid Home & Community-Based Care received? ____YES ____NO If yes, by whom? _____ Patient pay amount is \$ _____

13. Who owns or is responsible for any cooling equipment in your home? _____

14. Is there a portable or installed fan in your home? ____YES ____NO If yes, does it work? ____YES ____NO

15. Is there a window air conditioner or a central air conditioning unit in your home? ____YES ____NO If yes, does it work? ____YES ____NO

16. Name and address of the company used for home cooling. _____

Verification from the utility company is needed if you cool with electricity. Attach a copy of your current electric bill. Complete the following:

In whose name is the bill? _____ Account Number _____

Who is responsible for paying the bill? _____

17. Where else have you applied for this assistance? _____

18. Do you have a heating expense? ____YES ____NO If YES, what is your fuel type? Circle the fuel used most frequently to heat your home. **CIRCLE ONLY ONE.**

1. Electricity 2. Natural Gas 3. Oil (#2) 4. Clear Kerosene 5. Coal 6. Wood 7. LP/Bottled Gas 0. Red Kerosene

19. Name and address of the company used for home heating. _____

20. What is your account number for your heating vendor? _____

COOLING ASSISTANCE

Application Dates: June 15 through August 15

Application Date: _____

APPLICANT'S CERTIFICATION

I certify that the above statements and attachments are true and correct to the best of my knowledge. I will notify the Department of Social Services within 5 days of any changes that occur in my situation. I understand that I or any member of my household cannot sell merchandise purchased on my behalf through the program unless the local department of social services has granted permission to sell. Any benefits received must be used for the purpose approved. I may file a complaint if I feel I have been discriminated against because of my race, color, national origin, religion, sex, age, or disability. If I give false information, withhold information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud. If I completed, or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted. I understand the Department of Social Services may use information on this application or that I may be contacted for the purposes of research, evaluation and analysis to the extent allowed by state and federal law. My signature authorizes the Department of Social Services to obtain any verification to establish my household's eligibility for assistance or to give information in my case record to other organizations from which I have received or requested assistance.

Applicant Signature or Mark and Witness _____

Date _____

Completed on behalf of applicant by: _____

Date _____